

Example of Assent Form for Minors

I agree to be in a study about the ways children deal with strangers. I know that this study has been explained to my mother/father/guardian and that he/she has said it is ok for me to be in the study. I know that I can stop being in the study any time I want and that I will stop being in the study if I say so. I know that what I say and do will not be told to anyone else.

I know that I will be asked questions about how I solve problems and how I feel about my family and myself. I also will be given ways to protect myself, that is, keep myself safe. I also will be asked to do some drawings and I will have my picture taken. I also know that nothing bad or wrong will happen to me if I stop being in this study at any time.

When I sign my name to this page I am showing that this page was read to me and that I am agreeing to be in this study. I am showing that I know what I will need to do and that I may stop being in the study at any time.

If you have any questions about being in this study, please ask us. If you have any more questions later, call (name of study investigator/coordinator, toll free phone number, in addition, give the address and phone number of your dissertation Chair, if appropriate). If you have questions about your rights in being in this study, please call the (University Institutional Review Board, phone number) or the Department of State Health Services Institutional Review Board at 1(888) 777-5037.

Signature of Minor

Date

Signature of Principal Investigator

Date